

County: Dane

Facility ID: P010

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ATTIC ANGEL PLACE HEALTH CENTER  
8301 OLD SAUK ROAD

MIDDLETON 53562 Phone: (608) 662-8842

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 43

Total Licensed Bed Capacity (12/31/03): 44

Number of Residents on 12/31/03: 43

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? No

Average Daily Census: 40

Non-Profit Corporation

Skilled

No

Yes

No

40

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		14.0
Supp. Home Care-Personal Care	No					1 - 4 Years		46.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years		16.3
Day Services	No	Mental Illness (Org./Psy)	27.9	65 - 74	4.7			----
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	18.6			76.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.7		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.7		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	9.3	65 & Over	97.7	-----		
Transportation	No	Cerebrovascular	16.3	-----	----	RNs		14.9
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		1.7
Other Services	Yes	Respiratory	0.0	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.9	Male	9.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	90.7			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	2	5.3	251	0	0.0	0	0	0.0	0	2	4.7
Skilled Care	5	100.0	213	0	0.0	0	0	0.0	0	36	94.7	232	0	0.0	0	0	0.0	0	41	95.3
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		0	0.0		0	0.0		38	100.0		0	0.0		0	0.0		43	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	7.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	9.1	Bathing	2.3	32.6	65.1	43
Other Nursing Homes	7.3	Dressing	9.3	34.9	55.8	43
Acute Care Hospitals	65.5	Transferring	4.7	44.2	51.2	43
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	2.3	67.4	30.2	43
Rehabilitation Hospitals	0.0	Eating	53.5	30.2	16.3	43
Other Locations	10.9	*****				
Total Number of Admissions	55	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.0	Receiving Respiratory Care	11.6	
Private Home/No Home Health	11.3	Occ/Freq. Incontinent of Bladder	51.2	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	28.3	Occ/Freq. Incontinent of Bowel	39.5	Receiving Suctioning	0.0	
Other Nursing Homes	5.7			Receiving Ostomy Care	0.0	
Acute Care Hospitals	7.5	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	32.6	
Rehabilitation Hospitals	1.9					
Other Locations	15.1	Skin Care		Other Resident Characteristics		
Deaths	30.2	With Pressure Sores	2.3	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	53			Receiving Psychoactive Drugs	44.2	

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.9	92.0	0.99	84.7	1.07	88.1	1.03	87.4	1.04
Current Residents from In-County	86.0	85.9	1.00	77.5	1.11	82.1	1.05	76.7	1.12
Admissions from In-County, Still Residing	29.1	22.1	1.32	25.1	1.16	20.1	1.45	19.6	1.48
Admissions/Average Daily Census	137.5	138.9	0.99	104.2	1.32	155.7	0.88	141.3	0.97
Discharges/Average Daily Census	132.5	139.5	0.95	107.9	1.23	155.1	0.85	142.5	0.93
Discharges To Private Residence/Average Daily Census	52.5	64.3	0.82	28.9	1.81	68.7	0.76	61.6	0.85
Residents Receiving Skilled Care	100	96.1	1.04	93.8	1.07	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	97.7	96.4	1.01	95.8	1.02	92.0	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	0.0	55.4	0.00	56.9	0.00	61.7	0.00	65.9	0.00
Private Pay Funded Residents	88.4	32.6	2.71	33.8	2.61	23.7	3.73	21.0	4.22
Developmentally Disabled Residents	0.0	0.6	0.00	1.4	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	30.2	36.2	0.84	38.3	0.79	35.8	0.84	33.6	0.90
General Medical Service Residents	34.9	24.3	1.43	16.9	2.06	23.1	1.51	20.6	1.70
Impaired ADL (Mean)	65.6	50.5	1.30	50.8	1.29	49.5	1.32	49.4	1.33
Psychological Problems	44.2	58.5	0.75	56.3	0.78	58.2	0.76	57.4	0.77
Nursing Care Required (Mean)	5.8	6.8	0.85	6.9	0.84	6.9	0.84	7.3	0.79